SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. Article Addressed to: 	A. Signature X D. Is delivery address different from item 1? If YES, enter delivery address below:
Attn: Policy & Planning Unit Los Angeles Housing Department 1200 W 7th St, 9th Floor	
Los Angeles, CA 90017 Mail Stop 958	3. Service Type Certified Mall* Registered Insured Mall Collect on Delivery 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7014 (Transfer from service label)	2120 0003 7896 8918
PS Form 3811, July 2013 Domestic	c Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Adrian Scott Fine Los Angeles Conservancy 523 W 6th St, suite 826 Los Angeles, CA 90014	3. Service Type ☐ Certified Mall® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label)	4 2120 0003 7896 8529
PS Form 3811, July 2013 Domestic R	letum Receipt
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	A. Signature A. Signature A. Signature A. Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. N.D. P. L. R.E.S. 11 20
or on the front if space permits.	D. Is delivery address different from item 1? Yes
Attach this card to the back of the mailplece, or on the front if space permits. Article Addressed to:	If YES, enter delivery address below:
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	A. Signature A. Signature A. Signature A. Agent Address B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery

PS Form 3811, July 2013

Domestic Return Receipt

 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Attn: Mercedes Marquez Los Angeles Housing Department 1200 W 7th St, 9th Floor 	A. Signature A. Signature A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below:
Los Angeles Housing Department	
Los Angeles, CA 90017 Mail Stop 958	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014	2120 0003 7896 8901
PS Form 3811, July 2013 Domestic R	Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	A. Signature X V Juli B. Received by (Printed Name) D. Is delivery address different from item 1? Yes
Tom Erb Department of Water and Power Water Systems, Water Supply Assessment 111 N. Hope St., Room 1460 Los Angeles, CA 90012	If YES, enter delivery address below: ☐ No 3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
(Transfer from service label)	2120 0003 7896 8741
PS Form 3811, July 2013 Domestic R	tetum Receipt
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits.	A. Signature A. Received by (Printed Name) C. Date of Delivery
Mr. Charles C. Holloway (Supervisor of Environmental Assessment) Department of Water and Power 111 North Hope Street, Room 1044	D. Is delivery address different from item 1?
Los Angeles, CA 90012 Mail Stop: 800	☐ Certified Mall® ☐ Priority Mall Express®☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mall ☐ Collect on Delivery

PS Form 3811, July 2013

Domestic Return Receipt

	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature Agent Address B. Received by (Printed Name) C. Date of Detivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Jim Doty Bureau of Engineering, Env. Group	If YES, enter delivery address below: LI No
1149 S. Broadway, 6th Floor, Suite 600 Los Angeles, CA 90015-2213 Mail Stop 939	3. Service Type ☐ Certified Mall® ☐ Priority Mall Express™ ☐ Registered ☐ Return Receipt for Merchandi ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	4 2120 0003 7896 8888
PS Form 3811, July 2013 Domestic R	letum Receipt
CENDED, COMPLETE THE SECTION	COMPLETE THE SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A Signature Adgresse B. Receivelt by (Printed Name) C. Date of Deliver
Karen Coca – Env. Affairs Officer Bureau of Sanitation- Solid Waste Div. 1149 South Broadway, 10th Floor	
Los Angeles, CA 90015 Mail Stop 944	☐ Insure Mail ☐ Collect on Delivery
Los Angeles, CA 90015 Mail Stop 944	☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandis
Los Angeles, CA 90015 Mail Stop 944 2. Article Number (Transfer from service label) PS Form 3811, July 2013 Domestic Reservice Reserv	Certified Mail® Priority Mail Express® Registered Return Receipt for Merchandiss Insure Mail Collect on Delivery 4. Restricted Delivery? (Extra Fee) Yes 2127 2003 7895 8795
Los Angeles, CA 90015 Mail Stop 944 2. Article Number (Transfer from service label) PS Form 3811, July 2013 Domestic Re	Certified Mail® Priority Mail Express® Registered Return Receipt for Merchandis Insure Mail Collect on Delivery 4. Restricted Delivery? (Extra Fee) Yes 2127 0003 7896 8796

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 Complete items 1, 2, and 3. Also contem 4 if Restricted Delivery is desired. Print your name and address on the so that we can return the card to you. Attach this card to the back of the more on the front if space permits. 	ed. reverse u.	D. Is de	livery address	s different fro	m item 1	
Article Addressed to: Ron Lorenzen Dept. of Public Works Urban Fores	try	/ If YE	S, enter deliv	very address	below:	[™] □ No
Division 1149 South Broadway Street, 4th F Los Angeles, CA 90015		☐ Ro	ertified Mail® egistered sured Mail		Receipt t on Deli	t for Mercha
Article Number (Transfer from service label)	7014 21	750 OI	DD3 78	96 88	Ь4	
PS Form 3811, July 2013	Domestic Retu	urn Receip	ot			
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 Complete items 1, 2, and 3. Also comitem 4 if Restricted Delivery is desired. Print your name and address on the reso that we can return the card to you 	d. reverse	A. Signar	Till	18 19 20 21 2		☐ Agen
Attach this card to the back of the ma or on the front if space permits.		B. Recel	ver address	ed Name) VOV 2014	item ²	Date of De
Los Angeles Unified School District Office of Env. Health & Safety 333 S. Beaudry Ave., 20th Floor	†1	If YES	4.00	ALUNIT	pelow	□No
Los Angeles, CA 90017		☐ Re	rtified Mall® gistered ured Mall	☐ Priority ☐ Return I	Receipt on Delive	fc. wer ery
2. Article Number	7014 21a	4. Restric		96 859		☐ Yes
(Transfer from service label) PS Form 3811, July 2013	Domestic Retui	2	Sec of			
CENTED COMPLETE THE SECTION		COMBLE	TE THIS SE	CTION ON I	ne. Wěr	24
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired.	plete	A. Signat				☐ Agent
Print your name and address on the reso that we can return the card to you. Attach this card to the back of the ma or on the front if space permits.	everse	B. Receiv	red by (Brinte	d Name)	C.	☐ Addre
Article Addressed to:		D, Is	ery address , ente rze elive	fferencia m ry address	item 1? elow:	☐ Yes ☐ No
O O dele			RECEN	CA 27		
Gwen Godek Los Angeles Unified School District (Env. Health & Safety 333 S. Beaudry Ave., 28th Floor Los Angeles, CA 90017		3. Service	tified Alege	2 Priority		
Los Angeles Unified School District (Env. Health & Safety 333 S. Beaudry Ave., 28th Floor		☐ Cer ☐ Reg ☐ Inst	tified 4 /en gistered ured Mail	Priority I Return F Collect c	Receipt fon Delive	for full-ohan

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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Article Addressed to: Daniel Hackney – Env. Supervisor Bureau of Sanitation- Solid Waste Div.	ff YES, enter delivery address below:
1149 South Broadway, 19th Floor 574 Los Angeles, CA 90015 Mail Stop 944	3. Service Type ☐ Certifled Mall® ☐ Priority Mall Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 7	2120 0003 7896 8802
PS Form 3811, July 2013 Domesti	c Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. 	A. Signature X Agent Addresse B. Received by (Printed Name) C. Date of Delivery Contact Z D. Is delivery address different from item 12 Yes
County of Los Angeles Department of Regional Planning Impact Analysis Section	If YES, enter delivery address below: ☐ No
320 W. Temple St., Room 1348 Los Angeles, CA 90012	3. Service Type ☐ Certifled Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number 7 1 1 (Transfer from service label)	4 2120 0003 7896 8536
PS Form 3811, July 2013 Domesti	c Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? \(\bar{\text{L}} \) \(\text{Ves} \) \(\text{If YES, enter delivery address below: } \(\bar{\text{L}} \) \(\text{No} \)
Stephanie DeWolfe Director, Community Development Department City of West Hollywood 8300 Santa Monica Blvd. West Hollywood, CA 90069	3. Service Type ☐ Certified Matl® ☐ Priority Mall Express™ ☐ Registered ☐ Return Recelpt for Merchandise ☐ Insured Mall ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7 1 1 4	

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the maliplece, or on the front if space permits. Article Addressed to: James B. McDaniel (Water Systems) Dept. of Water & Power N. Hope St., Room 1455 Los Angeles, CA 90012 Mail Stop 800 	A. Signature X
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label)	
PS Form 3811, July 2013 Domestic	Return Receipt
 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallplece, 	A. Signature X. A. Agent A Agent A Agent A Addre B. Received by (Panted Name) C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Lives If YES, enter delivery address below:
Jodean M. Giese (Power Systems) Dept. of Water & Power 111 N. Hope St., Room 1121 Los Angeles, CA 90012 Mail Stop 800	3. Service Type ☐ Certified Mall® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchan ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 21	4. Restricted Delivery7 (Extra Fee) Yes
(Iranster from service label)	eturn Receipt
Domestic He	sum neceipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
SCAG Attn: Inter-governmental Review Section 818 W. 7th St, 12th Floor Los Angeles, CA 90017-3435	3. Service Type Certified Mail® Priority Mail Express**
	☐ Registered ☐ Return Receipt for Merchand ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7 14	2120 0003 7896 8437